

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/				
2						
3						
4						
5						
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7						
8						
9	X					
10						
11						
12						
13						
14						
15		2				
16		1				
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19						
20		1				
21		1				
22		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	1					
TOTAL DEP.	21					
TOTAL CLAIMS	23					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						